

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022384
STATE FILE NUMBER

FILED JUL 8 1958		Registration District No. 170		Primary Registration District No. 3033		Registrar's No. 108	
1. PLACE OF DEATH a. COUNTY Laclede				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon				c. CITY OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 102 N. Jackson INSTITUTION				Length of stay in lb 13 yrs		STREET ADDRESS 102 N. Jackson	
3. NAME OF DECEASED (Type or print) IDA M TRAVIS				4. DATE OF DEATH June 29, 1958			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 11, 1890	
9. AGE (In years last birthday) 67		10. FUNDING YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) Laclede County Mo. o		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book				10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (City and state or country) Laclede County Mo. o	
13a. FATHER'S NAME Hick Carroll				13b. MOTHER'S MAIDEN NAME Alice McElroy		14. NAME OF HUSBAND OR WIFE Abraham Travis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.				16. SOCIAL SECURITY NO. 497-22-4521		17. INFORMANT Address Mr. John Travis, Lebanon, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal Carcinoma, lungs & cerebrum Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Primary adenocarcinoma st. breast DUE TO (c) 170X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive cardio vascular disease						INTERVAL BETWEEN ONSET AND DEATH 3 weeks 11 years	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 6/25/58 to 6/29/58 and last saw her alive on 6/25/58 Death occurred at 8:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. Froelich				22b. ADDRESS Lebanon Mo.		22c. DATE SIGNED 6/30/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/30/58		23c. NAME OF CEMETERY OR CREMATORY Mt. Rose Memorial Park		23d. LOCATION (City, town, or county) (State) Laclede County Missouri	
24. FUNERAL DIRECTOR S. P. Palmer				25. DATE RECD. BY LOCAL REG. 6-30-1958		26. REGISTRAR'S SIGNATURE Willa L. May	

(Licensed Embalmer's Statement on Reverse Side)

social, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Received JUL 7 1958
Laclede County Health Unit
File No. 108
Date Filed JUL 7 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.